CHILD'S PREADMISSION HEALTH HISTORY – PARENT'S REPORT

CHILD'S NAME	SEX	BIRTHDATE
FATHER'S NAME		DOES FATHER LIVE IN HOME WITH CHILD?
MOTHER'S NAME		DOES MOTHER LIVE IN HOME WITH CHILD?
IS/HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DAT OF LAST PHYSICAL/MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY

WALKED AT	BEGAN TALKING AT	TOILET TRAINING STARTED AT

PAST ILLNESSES – **Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
☐ Chicken Pox ☐ Asthma ☐ Rheumatic Fever ☐ Hay Fever		☐ Diabetes ☐ Epilepsy ☐ Whooping Cough ☐ Mumps		☐ Poliomyelitis ☐ Ten-Day Measles (Rubeola) ☐ Three-Day Measles (Rubella)	

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES

WHAT TIME DOES CHILD GET UP?	WHAT TIME DOES CHILD GO TO BED?	DOES CHILD SLEEP WELL?
DOES CHILD SLEEP DURING THE DAY?	WHEN?	HOW LONG?

DIET PATTERN (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HRS? BREAKFAST LUNCH DINNER
	LUNCH	
	DINNER	

ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED? ☐ YES ☐ NO	IF YES, AT WHAT STAGE?	ARE BOWEL MOVEMENTS REGULAR? ☐ YES ☐ NO	WHAT IS USUAL TIME?
WORD USED FOR BOWEL MOVEMENT		WORD USED FOR URINATION	

PARENTS EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S)? ☐ YES ☐ NO	IF YES, WHAT KIND:		

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

PARENT'S SIGNATURE	DATE